

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-426)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
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40	1					
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46						
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47						
48						
49						
60						
TOTAL NO.	3					
TOTAL DEF.	45					
TOTAL	48					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
TOTAL DEF.						
TOTAL						

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